

When a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of Rice
Town of Rice
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 178
County Registrar No. _____
Local Registrar No. _____

(If birth occurred in a hospital or institution, give its NAME (instead of street and number) St. _____ Ward _____)

2. Full name of child Mary Elizebeth Enfield.

If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth 10/29/27.
Month day year

5. FATHER
Full name Thomas Enfield

14. MOTHER
Full maiden name Goldie Victor

9. Residence (Usual place of abode) Rice,
If nonresident, give place and state Ariz.

15. Residence (Usual place of abode) Rice,
If nonresident, give place and state Ariz.

10. Color or race 4/4 Indian 11. Age at last birthday 27 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Rice,
(State or country) Ariz.

18. Birthplace (city or place) Rice,
(State or country) Ariz.

13. Occupation
Nature of industry Church Sexton

19. Occupation
Nature of industry Housewife.

20. Number of children of this mother (a) Born alive and now living 4
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 1
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that report the birth of this child, who was born alive at 4.A. m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature _____

Address _____

San Carlos, Ariz.

(Physician or midwife)

Given name added from
a supplemental report

Month, day, year.

Filed _____

19 _____

C.H. Sawyer.

Local Registrar.

Registrar.

Filed _____

19 _____

County Registrar.

454-1029-759